

DOMESTIC VIOLENCE REFERRAL FORM

Please complete:

Petitioner was referred to the Hamilton County Court of Domestic Relations to file a Petition for a Domestic Violence Civil Protection Order by:

Check one:

Police Department:

Cincinnati –

- ☐ District One
- ☐ District Two
- ☐ District Three
- ☐ District Four
- ☐ District Five
- ☐ Other Police Department (please name): _____
- ☐ Women Helping Women
- ☐ Legal Aid Society
- ☐ Attorney
- ☐ Other referral (please specify): _____